

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

June 30, 2015

Ms. Gail Kaminski Potter, Manager Our Lady Of Providence 47 West Spring Street Winooski, VT 05404-1397

Dear Ms. Kaminski Potter:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 2, 2015. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota. RN Licensing Chief

mlaMCHaRN



STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A BUILDING:	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED
NAME OF PROVIDER OR SUPPLIER	0198 STREET A	B. WING 06/02/201	

47 WEST SPRING STREET WINDOSKI, VT 05404

(X4) ID TAG

SUMMARY STATEMENT OF DEFICIENCIES FEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG

R100

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY

established

R127

Our Lady of Providence submits this

Plan of Correction under procedures

Residential Care Home Regulations.

This Plan of Correction should not be

construed as either a waiver of Our

Lady of Providence's right to appeal or an admission of past or ongoing

violations of regulatory requirements.

The LNA instructor and students were

All members of the staff will be trained

trained in Bathing Without A Battle.

in dignity, respect, and the right of

residents to participate in their own

ADLs. Department Heads and Charge

Nurses will additionally be trained in their role of assuring dignity, choice. and respect are maintained for our

residents. The Director of Health

training. The Director of Health

Systems shall be responsible for the

Systems and Administrator will review

ongoing observation ensure compliance.

The Criminal Background Check was

personnel records will be reviewed to

obtained for Employee #1. All

the 24 Hour Report, Incident Reports. complaints, grievances, and through

the

under

(X5) COMPLETE DATE

Vermont

R100 Initial Comments:

OUR LADY OF PROVIDENCE

An unannounced on-site investigation of a facility self-report was conducted by the Division of Licensing and Protection on 6/2/15. The following regulatory violations were identified related to the self-report.

R127 V. RESIDENT CARE AND HOME SERVICES SS=D

R127

5.5 General Care

5.5.b Staff shall provide care that respects each resident's dignity and each resident's accomplishments and abilities. Residents shall be encouraged to participate in their own activities of daily living. Families shall be encouraged to participate in care and care planning according to their ability and interest and with the permission of the resident

This REQUIREMENT is not met as evidenced

Besed on staff and Resident Representative interview and record review the home falled to assure that care was provided in a manner that respected the dignity of 1 resident. (Resident #1). Findings include:

Per interview Resident #1's Representative stated that, on the evening of 1/15/15, the resident, who is dependent on staff for extensive assistance with bathing, was visibly upset and verbalized distress that after s/he had specifically voiced a des(re to not have LNA (licensed nursing assistant) students and their instructor participate in his/her tub bath on that day, the students and instructor remained in the room throughout the resident's bath. Per review of written statements

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

R190

6-22-2015

TITLE

Goal Date: 7/22/2015

If continuation sheet 1 of 3

(X8) DATE

8026553888

11:27:50 06-22-2015 Jun 15 2015 11:04am P005/006

> PRINTED: 06/15/2015 FDRM APPROVED

Division of Licensing and Protection								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING:		(X3) DATE SURVEY COMPLETED			
		0198	B, WING		C 06/02/2015			
NAME OF P	BOVIDER OR SUPPLIER	STREET ADI	DRESS CITY, ST	TATE ZIP CODE				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 47 WEST SPRING STREET								
OUR LADY OF PROVIDENCE WINOOSKI, VT 05404								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PREFIX	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE OEFICIENCY)				
R127	Continued From pa	ige 1	R127	ensure that the Criminal Record Check				
	personal care for R the resident had ex [student LNAs] in h responsible for Res during that period, both confirmed, du Resident #1's expre instructor and studi	dents present during the the desident #1 on 1/15/15 stated operssed "I don't want these ere." The direct care provider sident #1's personal care and the LNA student Instructoring interview, that despite essed desire to not have the ents participate in providing udents and instructor remained nout the bath.		is present and in compliant Criminal Background Checkincluded on the New Empl Checklist. Department Heaserviced. The Administrate ensure compliance for each Goal Date: 7/6/2015	ck will be oyee ds will be in- or shall			
R190 V. RESIDENT CARE AND HOME SERVICES SS=A 5.12.b.(4)		R190 .	All staff will be trained in I Rights. Department Heads	;				
		Nurses will also be tra		in their role				
	The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to maintain records indicating the results of the criminal record check for 1 of 3 staff members reviewed. Findings include:			as supervisors, to ensure that Residents Rights are upheld. This shall be monitored by the Director of Health				
,				Systems and Administrate observation, and review o Report, Incident Reports, and Complaints. Goal Date: 7/22/2015	f the 24 Hour			
	criminal record bac available for 1 of 3 home Administrate on the afternoon o	onnel records the results of the ckground check were not staff members reviewed. The or confirmed, during interview f 6/2/15, that the criminal diresults were not available for		Re	Bonse Hotel			
R213 SS=D	VI. RESIDENTS' F	RIGHTS	! ; R213					
	6.1 Every resident	t shall be treated with	,					

WQ6E11

8026553888

PRINTED: 06/15/2015 FORM APPROVED

Division of Licensing and Protection (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ 06/02/2015 B. WING 0198 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 47 WEST SPRING STREET OUR LADY OF PROVIDENCE WINOOSKI, VT 05404 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) !D COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) R213 R213 Continued From page 2 consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights. This REQUIREMENT is not met as evidenced Based on staff and Resident Representative interviews and record review the home failed to assure that 1 applicable resident was treated with consideration, respect and dignity during provision of personal care. (Resident #1). Findings include: Per interview Resident #1's Representative stated that, on the evening of 1/15/15, the resident, who is dependent on staff for extensive assistance with bathing, was visibly upset and verbalized. distress that although s/he had specifically voiced a desire to not have LNA (licensed nursing assistants) students and their instructor participate in his/her tub bath on that day, his/her wishes were not taken into consideration and respected and the students and instructor all remained present and participated in or observed throughout the resident's bath. Per review, written statements provided by the involved students and their instructor, indicated that the resident had requested to not have them participate in the provision of personal care, however they did remain in the room and either participated in or observed the provision of care. This was confirmed, during individual interviews on 6/2/15, with both the direct care provider responsible for the resident's personal care during that period and the LNA student instructor.

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